

AUDIO / TRANSCRIPT ORDER			
1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT	2. DATE OF ORDER: June 26, 2025		
3. NAME: Michael P. Aigen	4. PHONE NUMBER: 214-560-2207	5. EMAIL ADDRESS: michael.aigen@stinson.com	
6. MAILING ADDRESS: STINSON LLP 2200 Ross Avenue, Suite 2900	7. CITY: Dallas	8. STATE: Texas	9. ZIP CODE: 75201
10. CASE NUMBER: 19-34054-sgj11	11. CASE NAME: Highland Capital Mgmt v.	12. JUDICIAL OFFICIAL:	13. DATE OF PROCEEDING: FROM: 06 / 25 / 2025
<p>14. ORDER:</p> <p>A. ORDINARY 7 DAY EXPEDITED DAILY HOURLY</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>14 DAY EXPEDITED 3 DAY EXPEDITED</p> <p><input type="checkbox"/> <input type="checkbox"/></p>			
15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):			
PORTION(S)			
<input checked="" type="checkbox"/> Entire Hearing			
<input type="checkbox"/> Court Ruling			
<input type="checkbox"/> Witness Testimony			
<input type="checkbox"/> Other: (Specify)			
CERTIFICATION		16. SIGNATURE: /s/Michael P. Aigen	
By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).		17. DATE: 6/27/2025	